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Application Number	10/640,216
Filing Date	January 4, 2006
First Named Inventor	Claude Choquet
Title	Virtual Simulator Method & System for Neuro
Art Unit	1631
Examiner Name	Carolyn Smith
Attorney Docket Number	1569-002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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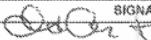
Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/66) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature:



Date:

Oct. 27 2010

Name:

Claude Choquet

Telephone:

(434) 823-4712

Title and Company:

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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